

**STAFF USE ONLY**

Site: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Date Received: \_\_\_\_\_



**METRO  
Parks**  
www.metro-parks.org

**VOLUNTEER  
APPLICATION**

Metro Parks believes that civic participation is a vital component of a strong parks and recreation system, and we are excited to welcome you to our Volunteer Team!

Please complete the attached Volunteer Application packet to begin volunteering with Metro Parks. All three pages of the Volunteer Application Packet **must** be completed for processing.

**Important Information about Records Checks:**

- Volunteers will not be accepted if they have pending charges.
- Volunteers with criminal convictions more than 5 years old, other than a felony, will be considered on a case-by-case basis.
- Metro Parks does not use court-referred workers or work-release workers (including minors in a court-ordered diversion program) for individual volunteer positions.

**Important Information for Volunteers Under Age 18:**

- The minimum age for volunteers is sixteen unless accompanied by a supervisor or an adult, unless specified otherwise in federal and state laws or in the volunteer description.
- Volunteers under the age of 18 must have the signature of a parent or legal guardian on their "Agreement to Volunteer and Accept Worker's Compensation" Form.
- Volunteers under the age of 18 are not required to complete an Authorization for Records Check Form.

**Thank you for your interest in volunteering with Metro Parks!**

Please Return completed Application to:

Metro Parks Volunteer Office  
PO Box 37280  
Louisville, KY 40233-7280  
FAX: (502) 456-3250



**Louisville/Jefferson County Metro Government**  
**517 Court Place**  
**Louisville, KY 40202-3305**  
**502/574-3854**

**AUTHORIZATION FOR RECORD CHECK**

**Position(s) Desired: Volunteer**

**PLEASE PRINT FULL NAME CLEARLY (including middle initial)**

**Name:** \_\_\_\_\_

**Social security number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (required)

**Current address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Date of birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (required)

**Previous address (if less than 3 years at current address):**

\_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip code:** \_\_\_\_\_

**Maiden/Previous Names:** \_\_\_\_\_

I, \_\_\_\_\_, do hereby authorize Louisville/Jefferson County Metro Government to search any and all police record(s) regarding me and to make this information available to the Appointing Authority in Louisville Metro government processing my application to volunteer.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Louisville Metro Government**  
**Agreement to Volunteer and Accept Worker's Compensation Benefits**

Louisville/Jefferson County Metro Government ("Metro Government") and \_\_\_\_\_  
("Volunteer") agree as follows regarding volunteering and acceptance of Workers' Compensation coverage:

- 1) Volunteer agrees to perform volunteer services as directed by Metro Government and to follow Metro policies and procedures.
- 2) Metro Government agrees to provide Workers' Compensation coverage to the Volunteer pursuant to the Kentucky Workers' Compensation Act (KRS 342, *et seq.*), for any injuries sustained during any authorized volunteer services performed on behalf of Metro Government. Metro will pay for all medical expenses incurred by Volunteer for covered injuries, with no applicable deductible or co-payments by Volunteer, in exchange for receiving voluntary services.
- 3) Volunteer accepts the coverage of the Workers' Compensation Act as the sole remedy for any damages he/she suffers from any and all services performed for the Louisville/Jefferson County Metro Government and agrees not to seek any damages not covered by the Workers Compensation Act, in exchange for being provided this free coverage.
- 4) Volunteer agrees that Louisville Metro Government has permission to photograph or videotape him/her engaged in volunteer activity for promotional purposes.
- 5) This Agreement shall be valid for twelve months from date of signature.

**Louisville/Jefferson County Metro Government Department:** Metro Parks

**Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Volunteer – Signature:** \_\_\_\_\_

**Volunteer Name – Print:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_  
\_\_\_\_\_ Check here to be notified by email about other volunteer opportunities

**Telephone Number:** \_\_\_\_\_

**If the Volunteer is under the age of 18 years, his or her parent or guardian must sign below.**

**Date of Birth:** \_\_\_\_\_ **For Volunteers under Age 18: Age of Volunteer:** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_

**Parent or Guardian Name-Print:** \_\_\_\_\_

Please Return completed Application to:

Metro Parks Volunteer Office  
PO Box 37280  
Louisville, KY 40233-7280  
FAX: (502) 456-3250



**METRO  
Parks**

## Volunteer Information Form

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone \_\_\_\_\_ ☐ cell ☐ home ☐ work Secondary Phone \_\_\_\_\_ ☐ cell ☐ home ☐ work

E-mail Address \_\_\_\_\_

Present Employer \_\_\_\_\_

Position \_\_\_\_\_

Facility/program of interest: \_\_\_\_\_

What days/hours are you available? \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Reason for volunteering: \_\_\_\_\_

Hobbies/special skills: \_\_\_\_\_

How did you hear about this organization? \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Physician \_\_\_\_\_

Dentist \_\_\_\_\_

.....

### OFFICE USE ONLY

Assigned Metro Parks Facility/Program \_\_\_\_\_

Metro Parks Facility/Program Supervisor \_\_\_\_\_

Date Approved by Facility/Program Supervisor \_\_\_\_\_